

MINUTES: NFATTC Advisory Board Meeting

DATE: April 23-24, 2009

Attending: Kathy Brazell (OR), Chris Brown (HI), Shawn Clark (OR), David Dickinson (WA), Darcy Edwards (OR), Fred Garcia (WA), Donnalyne Kalei (HI), Shannon Sumner (AK), John Taylor (WA), Mike Towey (WA)
NFATTC Staff: Lynn McIntosh, John Porter, Denna Vandersloot

Topic	Discussion/Analysis/Action	Group Discussion & Follow-up
Update on National Initiatives	CSAT administration identified the following priority areas at the ATTC Director’s meeting: 1) dialogue on substance abuse and healthcare reform; 2) Recovery Oriented Systems of Care (ROSC); 3) criminal justice; 4) integrating substance abuse services into primary care (e.g., SBIRT); and, 5) medication-assisted treatment.	ROSC: NFATTC sees its role as helping state’s meet <i>their</i> priorities. Things we could do include building awareness through a video; addressing training needs, e.g. of recovery coaching. How might we work more closely with DOC and drug courts on re-entry issues?
Current NFATTC Project Report	<p>Clinical Supervision: John Porter continues to work on CS implementation projects in WA; the focus is now sustainability; agencies begin to see real progress at six to nine months of TA (versus training alone).</p> <p>SBIRT: As part of an OHSU/OR CSAT grant, NFATTC has assisted in creating a curriculum to teach MI and BI to medical residents in family clinics through a half-day training followed by TA and implementation activities.</p> <p>Workforce Survey: NFATTC’s next effort will utilize a national instrument and be part of a nationwide ATTC evaluation. We will also participate in a Clinical Supervision Practice Evaluation, part of the National ATTC Evaluation, to look at the effectiveness of CS training and TA; the study will run from July 2009 through January 2010.</p>	

	<p>Hispanic Initiative: Mary Anne is on a committee to plan the third Hispanic Institute in Portland, OR; it is usually in August and conducted in Spanish; last year Fred Garcia was keynote speaker.</p> <p>Leadership Institute: The next event will be a Native American Leadership Institute in OR.</p> <p>NIATx: A CSAT priority is to support continued NIATx efforts; to that end CSAT funded five ATTTCs at \$25K each for NIATx projects. NFATTC began work in January with five OR agencies, which are using NIATx to improve access and retention, and eventually continuation; agencies get assistance with trainings/travel and coaching; commitment and progress is highly positive. NFATTC is also partnering with DASA, the NIATx national office, and Janet Bardossi on a DDCAT/NIATx pilot project to assist treatment agencies in assessing and increasing their expertise in providing integrated treatment to individuals with COD.</p> <p>Pacific Island: NFATTC received funds this year to increase services, including funding a contractor to work with Palau agencies (and colleges, to a lesser degree), and offering training in MI.</p>	
State Reports	<p>Washington</p> <p>ROSC: SSA reports very little movement in this area the past year. Due to out-of-state travel being frozen DASA staff couldn't attend the SSDP conference, where they'd planned to focus on this initiative. David talked about linking it to healthcare reform, finding ways to connect or build bridges across the continuum of care services to promote ROSC. Also, WA ATR targets a large percentage of funding to</p>	

support housing and medical services; how might those types of services be expanded beyond ATR?

Workforce Development has focused on Goal # 5 in the WA Strategic Plan: “developing a trained, competent, stable workforce”; however, budget cuts are resulting in many less open positions, so now DASA is focusing on ensuring the existing workforce is well trained. DASA is working with WACASE to help colleges get NADAAC-approved; toward the goal of streamlining the CDP application process with DOH. The NIATx 200 project continues, with some funds supporting NFATTC’s work with agencies using the DDAC (and NIATx system) to improve COD Treatment capability.

Budget and Funding: DASA is waiting to see what will happen after the legislative session ends Sunday. Last December, DASA received a budget that would dramatically cut services, including 50% to detox services and low income and 25% to ADATSA; through heavy stakeholder lobbying funding for the current biennium was restored and cuts didn’t happen. DASA did lose 6 FTE’s (two DASA, three IT, and one fiscal). There have been cuts in prevention services as well.

NADAAC and WACASE are collaborating to build a consortium of colleges to be certified by NADAAC; this will allow colleges to provide graduating students the NADAAC test (so students don’t have to wait until required supervision hours are fulfilled). Also, WACASE is working on a cross-walk to link college curriculum in terms of competencies, WAC requirements, and NAADAC curriculum; the goal is for colleges, not DOH, to review and approve college curriculum as meeting DOH educational requirements for

	<p>CDP certification.</p> <p>Tacoma Community College now has a certified treatment program with a small county contract.</p> <p>The prescription monitoring program has lost funding. The project was intended to develop a system to monitor prescriptions filled as a way of identifying potential diversion and possible RX drug abuse. The impaired professionals program has seen a huge intake in referrals with no increase in staff.</p> <p>Hawaii</p> <p><i>ROSC:</i> Primary work is through the ATR grant. A new RFP went out and ROSC was included in the language of grants; have also looked at the possibility of funding case management services.</p> <p><i>Workforce Development:</i> NFATTC products and trainings have been delivered state-wide (e.g., MI, MIA:STEP, PAMI, Implementing and Evaluating EBPs). Treatment Planning M.A.T.R.S. trainings are being offered to individual agencies. The CO-SIG workgroup is continuing to consider follow-up activities and may focus on MI.</p> <p><i>Budget/Funding:</i> No plans exist to cut treatment or prevention funding, though travel and training may be cut, and a cut to FTE's in ADAD is proposed. New contracts include some reduction in residential funding. University and community colleges have seen a 30% increase in enrollment; and the first two graduates completed Kauai distance education programs. US DOT gives HI one million/year for Safe Communities; some DOT funding is</p>	
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used to support consistency in monitoring DUI cases (e.g., sentencing, fines, and case length). DOT also offers small grants to communities for education and prevention; e.g., students conducting prevention and outreach related to underage drinking and driving.

Oregon

ROSC: OR AMH is incorporating peer mentors into the administrative rules. Acting Director Richard Harris has significant experience in this area and is moving AMH in the direction of ROSC.

Workforce Development: Shawn reports no training budget at AMH and not much hope this will change in the near future; AMH will support mandatory trainings and look at distance learning to fill the gaps. RACES is an initiative to make all required certification courses available long distance; each college has developed at least one course.

EBP: Oregon's Native American community has come together to define what EBPs looks like for this culture; a document describing this approach soon will be posted on the AMH website. The new AMH director is shifting the EBP initiative focus to providers with substance abuse clients in the criminal justice system, with training on EBP specific to addressing criminogenic thinking; also, is drafting new administrative rule stating if you serve over 60% of clients in CJ systems you must adhere to six principles (as specified in the rules) of effective treatment.

NIATx efforts are directed towards sustainability efforts. WA and OR might co-sponsor a learning session for NIATx agencies that did not receive it as part of the research.

Funding/Budget: The state revenue forecast isn't due until mid-May. OR unemployment is 12.2%. The stimulus package may help with the cuts. New bills, such as Measure 57, will likely impact community treatment services by increasing the number of people in prison. Throughout the state system furlough days are being required of management. Caroline Cruz, the AMH Tribal liaison, who has worked for the state for 22 years, is leaving AMH to lead the health service efforts on her Warm springs Reservation. It will be difficult to "fill her shoes"; she is responsible for putting together the Native American definition and identification of prevention-focused EBPs.

Alaska

ROSC: This is under the radar with limited efforts being made; providers are required to meet together with no clear leadership or direction on how to collaborate. ATR, a tribal grant, is being implemented in Anchorage; the system needs more leadership and guidance; one difficulty is people receive services in Anchorage then return to rural communities that lack sufficient recovery-support services.

Workforce Development: There is a lack of competent workers and it is common to hire inexperienced counselors and then train them. Laws concerning barrier crimes keep individuals with any criminal history from being eligible for hire. SBIRT Medicaid codes have been accepted, an area of focus for AK.

Funding/Budget: Budget faces deficits related to a huge decrease in oil-barrel prices. Otherwise, no report on budget (the plan was to include a budget report from an upcoming

	conference call with AK DBH, but DBH cancelled the call). There's a trend of reduction in treatment length; ninety days of treatment have been reduced to thirty.	
Distance Education	<p>States were asked to individually identify current resources and needs in this area, followed by a large group discussion.</p> <p>Needs: OR: Identification of quality distance learning programs and/or development of programs that help counselors get or continue certification; research 101; CBT.</p> <p>WA/AK/HI: "Valid" distance learning; promotion of the value of distance learning and increased motivation to use it.</p> <p>Issues: Need for an on-line course to learn how to teach on-line (e.g., Greta Coe); people sometimes fail distance learning and need a "how to" orientation course.</p>	<p>ATTC Role:</p> <ul style="list-style-type: none"> • Possibly develop a schedule of webinars on important topics; • Offer a workshop at annual conferences on what's available and how to "do it"; • Provide letters of support for grants to include funds for technology usage; • Research delivery of distance education methods; • Collect/disseminate information about curricula available in this format; and, • Look at possibilities of how to teach MI on-line and develop a TOT course or video.
Clinical Supervision Infusion Project Evaluation Review	<p>John Porter reviewed the evaluation report (included in the CAAP packet/available from NFATTC) and summarized lessons learned in this and other implementation projects. The report is based on John's work with five agencies; each received CS-1 and CS-2 training, plus coaching that included monthly meetings with directors and supervisors (who worked on monthly goals). NFATTC's CS model is based on observation, a window into discovering what's really happening in treatment (observation is also the model's biggest stumbling block). Support from administration and management is key to success. A group discussion followed about the importance of clinical supervision.</p>	
Work 3 Plan	Handout of NFATTC Work Plan for Year 3 (included in CAAP packet/available from NFATTC).	Returning Veterans:

	<p>Marketing Strategies and Ideas: NFATTC needs to get more strategic around marketing, e.g., looking at how to package training so it fits the need of agencies (that have decreased training budgets and less staff) while still filling training needs. NFATTC has been collaborating with specific agencies to offer training and share costs. We may hold more learning collaboratives on topics such as MI, CBT, and/or Clinical Supervision); e.g., we can start with a half-day of training followed by TA. We can also go into agencies for a half day of training (so they can continue work) and return later for another half day. We're also identifying low-cost training facilities. Other ideas from group: choose high-interest or "heart" topics, e.g. marijuana and kids, MI, CBT and/or broaden training audience (e.g., ask what does the community need?); also, survey agencies.</p>	<p>Key Areas: Coordination; identification; trauma in general.</p> <p>Needs:</p> <ul style="list-style-type: none"> • Coordination with Office of Veteran's Affairs (identification is an issue!), e.g., national guards lose benefits after 90 days and fear retaliation if they access services; • Targeted outreach to veterans (CSAT TA conference to kick-off and provide material for webinars; WA/OR collaboration?) and <u>families</u> (e.g., partner with domestic violence programs); • Trauma-informed services (conference could have a broader focus or be on <u>trauma</u> in general); • Active duty not as much of an issue – how to coordinate with the VA; • Reduction of stigma needed for individuals to seek assistance; • Coordinate with VA on suicide prevention needs; and, • Could do a series of webinars versus a big conference.
Discussion	Continuing NFATTC Year Three Discussion, Suggestions, and Recommendations.	<p>Discussion of Goal 2.3 re: "co-sponsor conferences":</p> <ul style="list-style-type: none"> • Could have a NW NIATx Summit (e.g., invite Dave Gustafson, Westley Clark) near WA/OR border as a WA/OR collaboration; • ROSC – WA ready/wants to go there; OR interested but more likely to have funding for a NIATx conference. HI – voted for ROSC (already has stuff on trauma); AK – ROSC.

		<ul style="list-style-type: none"> • Popular Idea: Use NIATx to focus on ROSC. Could fold in with continuum of care, e.g., peer-support and engagement. Theme could be “transition” (use sports metaphors?) to ROSC, but using NIATx principles to get there. Invite AK and HI SSA/key stakeholders. Hold in April?
Feedback from CAAP group	Do minutes within a month and send draft to those who attended prior to approval; if know someone’s not coming, get a brief update from them; increase number of providers – maybe not as members but to invite for a specific time/purpose; time of day seems to work well.	
Next Meeting	October 15 -16, 2009 in Portland	